



## Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact [support@jstor.org](mailto:support@jstor.org).

In conclusion let us say first this: we never saw the flashing battle line, that arch of bright steel that stretches three hundred miles from end to end between France and Germany; we did not hear the bullets whistle or the cannon boom; we did not hear the long lines cheering as they swept past into action; we did not hear the dying horses scream; we saw none of the theatrical side of war; but we did get a glimpse, behind the scenes, at what is its most real part, the part that lasts longest. We saw the long ambulance trains, those "rivers of pain," running back from the lines; we saw strong men sobbing like children with pain; we saw them crippled, dying; we saw their women struggling alone against poverty and anxiety, pale women with that tragic look in their eyes that comes with sleepless nights, and unshed tears; we have seen the little children crying for that fathers' love that they will never know again. All these things are the necessary routine of war. We have seen, and we can never forget.

### THE HOSPITAL TRAY

By CORA McCABE SARGENT

*Towson, Maryland*

Universal recognition is now given to the fact that proper diet is one of the most valuable aids to successful therapeutics; but, judging from repeated observations, the added value of correct service when catering to the sick, does not appear to be so highly appreciated. This, too, in the face of what has been proven again and again, and that is that the most direct route to the palate is by way of the eye. For this reason, then, if for no other, attractive service, where food is concerned, should under all circumstances be insisted upon. When the capricious appetite of the sick must be coaxed, this becomes a duty that cannot be conscientiously shirked. Many a nourishing meal, comprising the very food principles the body demands to repair the ravages of the disease and the waste of the tissues, fails completely in its mission because of slipshod service.

In private homes where sickness is almost an unknown quantity, or in the homes of the very poor where, even in times of health, mere existence is a problem, there may be an excuse for such an oversight. In a hospital or in a private home where the care of the sick is entrusted to a nurse, it is a most reprehensible state of affairs and cannot be too strongly censured, yet it is lamentably true that this very criticism is the one most frequently heard from the hospital pa-

tient. Even a nauseating dose of medicine loses half its terrors when brought to the patient on a neatly arranged medicine tray. How much more important, then, that the food which is to supplement and complete the work of the medicine in the process of health restoration be presented in a (if the word may be used in this sense) compelling manner, that is to say, so invitingly that the eye compels the appetite to obey. Even the simplest nourishment tray demands just as much care as to detail of arrangement as the most elaborate meal, if anything, more, because it is when the patient is physically at low ebb and the necessity for nourishment of a certain variety is greatest that this form of food is served.



AN ATTRACTIVE BREAKFAST TRAY

Whether there is not enough stress put upon this feature in the dietetic training all modern hospitals include in their curricula, or whether the fault lies with the individual nurse, the layman is not in a position to decide. This inability to fix the blame in no way alters the fact that in many hospitals the tray service is conspicuous for its inefficiency, notwithstanding the certainty that this laxness is always a detriment to the patients' speedy recovery.

The first consideration of such service is the tray itself, which must be of a suitable size. This, of course, in its turn, must be gauged by the purpose to which it is to be put and the quantity of food to be served upon it, in other words, whether the patient is upon full diet or special

diet. On a tray that is too large the dishes must be scattered here and there or grouped at one side. Either arrangement tends to accentuate the all-alone feeling similar to that produced by sitting down to a table with only one cover laid and nothing but a dreary expanse of white cloth for the diner to contemplate, a condition that is always so depressing and, by way of digression, perhaps explains why people who live alone seldom enjoy their meals. Cosiness and eating go hand in hand.

Again, a tray that is too small, having the dishes all crowded together in disorderly array destroys, by this very confusion, the desire to eat, before the food has even been seen. Opposed to this chaotic



THE NOURISHMENT TRAY

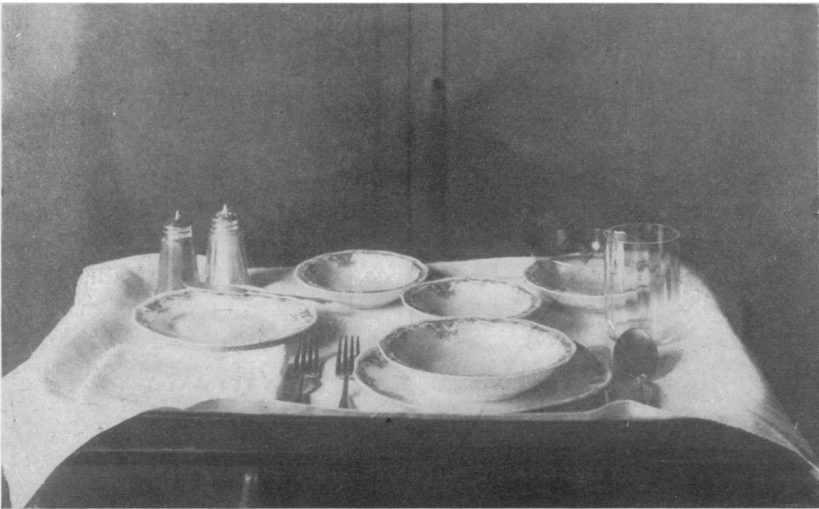
jumble is the tray which is of just the right dimensions to accommodate the necessary dishes and accessories, all symmetrically placed, that is to say, as if the cover were laid upon a table instead of upon a tray, and which catches the eye, arouses interest and creates the desire to investigate the contents of dishes so appealingly presented.

As a matter of course, only suggestions backed by personal observations can be offered as to just what the proper dimensions are for an invalid tray. For a dinner tray, 22 x 18 inches has proven most satisfactory; for breakfast and supper a smaller one, 20 x 16 inches answers nicely. For serving nourishment, the round tray in varying sizes has been found the most practical. Then, too, especially in the case of bed patients, it affords a change, if only in shape, and thereby

contributes its little mite toward breaking the monotony of the sick-room service.

The black papier-maché tray is both light and durable and does not grow shabby as soon as a japanned tin one. It should go without saying that in every hospital diet kitchen there should be almost an embarrassment of riches in the way of serving trays. But is there? The need is quickly admitted but how seldom is it supplied.

Given the tray, the next consideration is its furnishings, of which the linen takes precedence. Immaculate table linen for each meal, even when one is sound and well with the most robust of appetite is one of the luxuries of life. When catering to the sick, it ceases to be



A CORRECTLY-APPOINTED DINNER TRAY

a luxury and ranks as a necessity. The quality of the linen must be governed by the resources of the institution and the facilities for taking care of it. No matter, though, what the quality, the thing that really counts is cleanliness. A fresh tray cover, a fresh napkin for each patient for each meal, should be the iron-clad rule obtaining in every hospital diet kitchen. Economy in this direction is misplaced.

Again, it is only reasonable to insist that the tray covers shall be of proper dimensions. Nothing is more untidy than either an overhanging cover or one which exposes a portion of the bare tray. As different size trays are constantly brought into requisition, the covers will have to be bought accordingly.

For the round nourishment trays, there is a round linen doily twelve inches in diameter, having a neat button-holed edge. These doilies are both pretty and practical and quite inexpensive. When it comes to covers for the food trays, nothing, unless the cost must take precedence, can take the place of the hemstitched or scalloped cover of heavy linen damask, which, when properly laundered proclaims, none the less emphatically because mutely, its own quality. It delights the eye as does the handsome linen on a well-appointed table. When this indulgence is not warranted, the next best thing, combining good looks and wearing qualities at the least cost, is the linen damask of different widths sold by the yard. This can be cut into desired lengths and the ends hemmed. Every sewing machine now has an attachment for hemstitching and with very little extra labor the appearance of covers made of this material may be greatly enhanced by substituting a hem of this kind for the conventional one.

The damask known as silver bleach makes very satisfactory tray covers. A much better quality may be bought for less money than the bleached damask costs and as the process of bleaching begins with the first washing, it is soon white. Cotton material is never economical for tray covers, no matter how small the first cost may be. It not only absorbs all stains, such as coffee, tea, fruit, but retains them, consequently it must soon be discarded because of its unsightliness.

Apropos of tray covers, it might be well to call attention to the paper doily now on the market. It comes in different sizes in most attractive designs and is such a clever imitation of linen as to almost deceive the initiated. These doilies are just the thing to use on medicine trays. When bought in quantities the individual cost is so insignificant as to hardly merit any consideration. When it is known that when they become wet they may be restored to their pristine freshness by pressing between the folds of a soft cloth, the one objection to their use is overcome.

The dishes used on an invalid's tray are certainly of more than passing import, for they are a prominent factor in the work of pleasing the eye. It is understood that in an institution the breakage, in spite of ceaseless vigilance, is hard to control and constitutes one of the big expense items, so the wearing qualities of dishes must be carefully weighed, yet when we stop to think that with the sick it is not a question of living to eat but very often is one of eating to live, the extravagant side, if you wish to so call it, merits a hearing.

Hospital dishes, for obvious reasons, should be bought from open stock. This, however, does not preclude good quality and attractive

design. The truth is, the manufacturer, who is ever on the alert to anticipate a need, has done so in this case and no longer confines his open stock to ironstone china of hideous pattern. He now offers a compromise between it and the so-called egg-shell china variety, so dainty in design that the most fastidious must endorse it. The question is simply one of good judgment and taste in selection. The care and accounting for the breakage of such china is another story, but it has been proven that this can be compassed.

When it comes to the silver and other accessories necessary for the tray service, it is enough to say that they should be the best that can be afforded and yet keep within the expense limitations of the institution. Not even the most exacting "paying guest," in a hospital expects to find sterling silver on a tray, but it is a positive insult to ask a sick person, whether he pays much, little or nothing at all, to eat with shabby or tarnished silver. Whatever the quality it can be kept up to standard and, further, can attest by its very brightness the daily care it receives.

To sum it all up, given the tools it is then up to the workman. In other words the responsibility rests wholly upon the nurse who serves the tray. She it is who must see that nothing is lacking that contributes to its attractiveness. The nurse who not only knows but *does* her duty never leaves the diet kitchen with a tray until she gives one last, careful survey to assure herself that nothing has been overlooked. If one thing, more than another, in the way of seeming neglect, is disconcerting to a patient, it is to discover, after the nurse has left the room, that the salt, the sugar, or more often than not, a glass of water or a napkin, has been forgotten.

Once again, the nurse who belongs to the *doing* not simply the knowing class, sees to it that the hot food is served hot on dishes that have been heated for that purpose, and that cold food is cold and served on cold dishes. These are little things, perhaps, but counting for much when eating is a vital question.

Another important point in tray service is the presentation of the tray, which is very often open to criticism. It is, of course, quite unintentional and more often than not, due to rush of work, but the patient knows nothing of this and when the nurse rushes into the room and dumps (not an elegant word but suiting the action) a tray in front of him with the air of "There it is, eat it," he has every right to complain that he does not receive his due amount of attention. One has only to be a bed patient to appreciate what it is to suffer under the stress of someone else's lack of placidity. If ever a calling demands this mannerism it is that of the trained nurse.

It is taken for granted that there is a bedside table on which to place the tray quietly and in such a position that everything on it is within easy reach of the patient. The nurse should tarry long enough to find out whether there is anything else she can do to make the meal a comfortable if not an enjoyable one. The removal of the tray as soon as the patient is finished eating is another important factor of correct tray service. Half emptied dishes are never pleasant things to contemplate for, of a truth, "The full soul loatheth even a honey comb." To a sick person who is at all fastidious the very sight of a tray after it has served its purpose is little short of disgusting.

As to how a tray shall be set up, there is only one way and that is, the right way, the one sanctioned by the etiquette which governs the correct service of food, a place for everything and everything in its place. Because the cover is laid upon a tray, instead of upon a table, does not alter the manner of service. First locate the plate, then place the knife to the right of it, sharp edge toward the plate; to the right of the knife place the spoons in the order in which they are to be used, counting from the right inward towards the plate, with the bowls upward. At the left of the plate place the fork, tines upward. Stand the bread and butter plate over the fork, a little to the left, placing the butter spreader across the right-hand side of the margin of the plate. The napkin is placed at the left of the fork; the cup and saucer at the right of the spoons, with the cup in such a position that it may be easily raised by the handle. The water glass should stand at the point of the knife, a little to the right. Arrange the other dishes to suit the convenience of the patient, always being careful to preserve balance and symmetry.

The foregoing is not intended to be exhaustive. The subject is too large to handle within the prescribed limits of a magazine article, its possibilities are too many. Enough has been said to call attention to the existing necessity for putting more stress upon this feature of the dietetic treatment of disease, a form of treatment being constantly recognized by all leading physicians.

You know the old saying (none the less true because of its triteness), "You may lead a horse to water but you cannot make him drink." The same might be said of dietetic treatment. The doctor prescribes a certain dietary; getting the patient to eat is another proposition. This responsibility of seeing that he does eat develops wholly upon the nurse. Such being the case, there is certainly no detail of preparation or service too insignificant to receive her careful attention.